

December 7, 2010

Commonwealth of Kentucky
Personnel Cabinet
Department of Employee Insurance
2<sup>nd</sup> Floor, State Office Building
501 High Street
Frankfort, Kentucky 40601

Member Name Address City, State

Web Site: http://kehp.ky.gov

Despite multiple requests, our records indicate that your dependents have <u>not</u> been verified as part of the Kentucky Employees' Health Plan (KEHP) Dependent Eligibility Verification Program run by Chapman Kelly. <u>We are extending the deadline for verification to Thursday, Dec. 23, 2010.</u>

It is important that you verify your dependents for Plan Year 2010 to ensure their health insurance coverage is not terminated. Also, any dependent who is enrolled for Plan Year 2011 cannot remain on the plan in the future until you provide the necessary documentation to verify eligibility. For purposes of this notice, the term "dependent(s)" may include a cross-referenced spouse.

If Chapman Kelly does not receive verification of your dependents by Dec. 23, their coverage will be terminated.

The effective date of any coverage termination (or any termination of a cross-referenced payment arrangement) is January 1, 2010, or the date the dependent(s) was added to plan, if added after January 1, 2010. These dependents will also be removed from coverage for Plan Year 2011 until verification is provided.

You should contact Chapman Kelly immediately and provide your documentation through one of three methods:

## Document upload on the secure website:

www.auditos.com

## Fax:

Chapman Kelly's toll-free fax number is **(888) 688-2036**. You may fax your documents 24 hours a day, 7 days a week.

## Mail:

Documents can be mailed to KEHP DEPENDENT VERIFICATION CENTER, P.O. Box 21549, Louisville, KY 40221-9801. Please allow 5-7 business days for your documents to be received and an additional 5 business days for documents to be processed.

The Dependent Eligibility Verification Program has been an important campaign in KEHP's continuing efforts to hold back our ever increasing healthcare expenses. As you know, KEHP is a self-funded plan. That means we are all in this together. Nationally, only 80% of plan dollars go toward covering healthcare costs. In <u>our</u> self-funded plan, <u>95%</u> of every premium dollar goes to covering our members' healthcare claims. The millions of dollars we save from this audit will help hold down costs for all of us.

